

**APPLICATION FOR STATE OF HAWAII WASTEWATER OPERATOR
CERTIFICATION EXAMINATION**

Mail to: Board of Certification of Operating Personnel in Wastewater Treatment Facilities Department of Health, State of Hawaii 1350 Sand Island Parkway, Building 3A Honolulu, Hawaii 96819 Phone (808) 832-5478 Fax (808) 832-3496	Do Not Write in This Space – Office Use Only Date Received: _____ Amount Received: _____ Amount Due: _____ Total CEUs: _____ Comments: _____
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INSTRUCTIONS ON COMPLETING THIS APPLICATION IS ATTACHED.**SECTION A: GENERAL INFORMATION**

(Please Print) (LAST) (FIRST) (M.I.)

Street, Box, Route

City and State Zip Code

Home Phone Work Phone Fax Number

SECTION B: APPLICATION AND EXAMINATION FEE

- Applying for Examination for Operator Grade: 1 2 3 4
Circle Grade # or #'s if requesting two examination levels. **Grade level must be indicated.**
- Current license no.: _____ Issuance date: _____
- Submit only a \$25.00 NON-REFUNDABLE processing fee for each examination application.** If you qualify for taking the examination, you will be notified to submit the required examination fee.

Attach check or money order payable to the STATE OF HAWAII. DO NOT SEND CASH.

SECTION C: WORK EXPERIENCE

- Plant Employment:** List only your treatment plant operations experience. Each plant worked at must be listed separately. For each plant, list both the start and end dates and the **TOTAL NUMBER OF HOURS** worked excluding sick leave and vacation. Note: Experience as a plant worker, sewer maintenance crewmember, chemist, lab technician, plant engineer, or pumping station operator **does not** qualify as operator work experience to take the certification examination(s). One-year of full-time employment in the actual operation of a wastewater treatment plant shall be at least 1,632 hours (no more than one year of work experience may be accumulated within a twelve-consecutive-month period).

Operator Experience

Name of Plant

Plant Type

Mo/Day/Year

From To

Total Hours

TOTAL HOURS: _____

FORM 1**SUPPLEMENT TO WORK EXPERIENCE:** Complete the form that is attached to this application.2. Employer/DRC **EMPLOYMENT VERIFICATION** (Check one only):

A. _____ I have reviewed the above work experience and have verified the operating work experience and hours of employment of the applicant.

B. _____ I have reviewed the above and can verify only the following work experience items.

I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine for knowing violations.

Signature: _____

(Present Employer or DRC)

Print Name_____
Phone No._____
Certificate No.
(if applicable)**SECTION D: EDUCATIONAL AND TRAINING COURSES**

1. Name and location of high school attended: _____

Attach copy of high school diploma, if taking examination for the first time.

2. University or college courses/degrees received: _____

Attach official copy of college/university transcripts and diplomas.

3. Continuing Educational Credits (CEUs): (Please provide copy of certificate(s)).

<u>NAME OR TITLE OF COURSE</u>	<u>DATE OF COURSE</u>	<u># of CEUs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E: SIGNATURE

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to under the provisions of Hawaii Administrative Rule, '11-61-5(d)(1).

I also consent to allowing the Board to investigate and verify my employment record and other statements for the purpose of determining qualification for certification examination.

Applicant Signature: _____ Date: _____

SUPPLEMENT TO WORK EXPERIENCE- SECTION C**FORM 1****DESCRIPTION OF EXPERIENCE****1. Types of physical and chemical tests you have performed as an operator.**

Check appropriate item(s):

Gas Analyses	_____	Volatile Solids	_____
Nitrogen Series	_____	Total Solids	_____
Chlorine Residual	_____	Volatile Acids	_____
COD	_____	Alkalinity	_____
Settleable Solids	_____	Fixed Solids	_____
Phosphorus	_____	Settleability	_____
Dissolved Oxygen	_____	BOD	_____
Ph	_____	Fecal Coliform	_____
Suspended Solids	_____	Other (specify)	_____

2. List the types of operational control parameters maintained or reviewed for process control.

Check appropriate item(s):

Wasting	_____	SVI	_____
CRT	_____	Sludge Age	_____
Settleability	_____	F/M Ratio	_____
Mass Balance	_____	Other (specify)	_____

3. List the type of records that you have maintained or requested and reviewed as part of comprehensive studies and evaluations. Check appropriate item(s):

Power Consumption	_____	Repairs	_____
Water Consumption	_____	Laboratory Reports	_____
Flow Data	_____	Raw Wastewater By-pass	_____
NPDES Permit	_____	Power Failure	_____
Requirements	_____	Storm Reports	_____
Preventive Maintenance	_____	Other (specify)	_____
Overhauls	_____		

4. Check the types of equipment and processes which you have operated or supervised operation.

Check appropriate item(s):

Screening/Comminution	_____	Secondary Clarifiers	_____
Grit Removal	_____	Trickling Filters	_____
Stand-By Power Equipment	_____	Activated Sludge	_____
Pumps	_____	Chemical Process	_____
Primary Clarifiers	_____	Biological Process	_____
Thickening	_____	Chemical Recovery	_____
Anaerobic Digestion	_____	Carbon Regeneration	_____
Aerobic Digestion	_____	On-Site Disinfectant Generation	_____
Mechanical Dewatering	_____	Ion Exchange	_____
Incineration	_____	Aerated Lagoon	_____
Sludge Drying Beds	_____	Oxidation Ditch	_____
Chlorination	_____	Stabilization Pond	_____
Dechlorination	_____	Ozonation	_____
Membrane Filtration	_____	Ultraviolet Disinfection	_____
Sand Filtration	_____	Odor Scrubbers (describe type)	_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

INSTRUCTION SHEET FOR FORM 1

APPLICATION FOR EXAMINATION FOR CERTIFICATION

IMPORTANT: EACH APPLICATION MUST INCLUDE THE FOLLOWING. FAILURE TO COMPLETE WILL RESULT IN AUTOMATIC DENIAL OF APPLICATION.

- 1) Applicant's signature and date on Form 1 and Supplement to Work Experience.
- 2) Employment verification signed and dated by your employer/DRC.
- 3) Indicate examination grade applying for.
- 4) Copy of high school diploma or GED, if taking examination for the first time.
- 5) Copy of college/university diploma and transcripts of courses completed.
- 6) Copy of all training certificates; or
- 7) Certified copy from the Statewide Wastewater Operator Training Center acknowledging prior receipt of items 4, 5 and/or 6 above if applying to qualify for examination of higher grade than currently held.
- 8) Non-refundable processing fee only (\$25.00 per exam) CHECK or MONEY ORDER only.

GENERAL INFORMATION

The following information is provided to assist the applicant in completing the APPLICATION FOR EXAMINATION FOR CERTIFICATION form.

Please follow these instructions and complete ALL of the sections. Incomplete applications and applications received after the application deadline will not be processed.

WHO SHOULD USE THIS FORM

If this is the first time that you are applying for the examination, you must complete this form. If you have previously taken or qualified to take the examination you are applying for, use the CERTIFICATION RE-EXAMINATION APPLICATION form.

IMPORTANT NOTICE: NO REFUNDS OR CREDITS WILL BE GIVEN TO APPLICANTS FAILING TO SUBMIT A COMPLETE APPLICATION OR WHO MISS TAKING THE EXAMINATION.

SECTION A: GENERAL INFORMATION

This information must be completely filled out. All information requested must be supplied. No exceptions will be accepted. Information supplied in this section will be used to contact and mail all correspondence to you.

SECTION B: PROCESSING AND EXAMINATION FEE

1. Indicate the grade level examination(s) you are applying for by circling the appropriate grade(s). No more than two examinations can be applied for on the date of examination.
2. For each examination applied for in item 1 above, submit a **\$25.00 processing fee**. **Do not send payment for examination until you have been notified that you qualify to take the exam.** Application fee(s) must be paid in full by check or money order payable to the **STATE OF HAWAII**. Do not send cash.

SECTION C: WORK EXPERIENCE

1. **Plant Employment:** List only wastewater treatment plant operations experience. For each plant, indicate official job title and type of plant (activated sludge, trickling filter, oxidation pond, etc.). If you are responsible for or have work experience at more than one facility during the same time period, do not list as separate work experience. Experience as a plant worker, sewer maintenance crewmember, chemist, lab technician, plant engineer, or pumping station operators **does not** qualify as operator work experience. One-year full-time employment in the actual operation of a wastewater treatment plant shall be at least 1,632 hours (no more than one year work experience may be accumulated within a twelve-consecutive-month period). **Work experience will only be credited up to the exam application deadline date.**

Complete the SUPPLEMENT TO WORK EXPERIENCE form by checking the types of tests performed as an operator. List other types of process control tests that you performed that are not shown in the "Other (specify)" box.

2. **Employment Verification:** You must have your work experience, employment, and job title authenticated by having your immediate supervisor, DRC, treatment plant owner or employer sign in either Part 2A or 2B;

2A All employment experience listed above Section C-1 is verified and is true; or
2B only a portion of the experience listed in Section C-1 is verified and is true.

SECTION D: EDUCATIONAL AND TRAINING COURSES

1. Provide the name and location of the high school attended. Provide a copy of high school diploma or equivalent.
2. Provide an official copy of any college or university degrees received and a copy of college or university transcripts.
3. Provide a listing of job related courses you have taken and Continuing Educational Units (CEUs) that you have earned with copies of certificates of completion. The name or title of course, date taken and sponsor must be listed.

For education and training coursed not sponsored by the SWOTC, additional material regarding course content and training hours may be required for review by the Board for CEU equivalency determination.

An official listing of your CEUs on record can be obtained by faxing the completed Request for Public Record form to the SWOTC at (808) 832-3496. You may obtain this form via the website at:

<http://www.hawaii.gov/health/environmental/water/wastewater>

The listing will include all training courses sponsored by the SWOTC. Ken Kerri volumes, Michigan State University courses, college/university courses and high school graduation confirmation will also be included if documentation was previously submitted. Attaching this official listing will not require copies of certificates/diplomas for sources/credits listed.

SECTION E: SIGNATURE

You must sign and date the application. Unsigned/undated applications will be returned to the applicant provided that the application is received fifteen (15) working days prior to the application due date. Unsigned/undated applications received less than fifteen (15) days prior to the application due date will not be returned and applicants will **not** qualify to take the examinations.